

Fill in this information to identify your case:

United States Bankruptcy Court for the:

MIDDLE DISTRICT OF TENNESSEE

Case number (if known)

Chapter 11

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/20

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name American Sleep Medicine LLC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

DBA American Sleep Medicine, Jacksonville, FL (SERVICE CENTER)

3. Debtor's federal Employer Identification Number (EIN) 26-4730494

4. Debtor's address Principal place of business

**7900 Belfort Parkway, Suite 301
Jacksonville, FL 32256**

Number, Street, City, State & ZIP Code

Mailing address, if different from principal place of business

P.O. Box, Number, Street, City, State & ZIP Code

Duval
County

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

6. Type of debtor
- Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
 - Partnership (excluding LLP)
 - Other. Specify: _____

7. Describe debtor's business A. *Check one:*

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Railroad (as defined in 11 U.S.C. § 101(44))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- Clearing Bank (as defined in 11 U.S.C. § 781(3))
- None of the above

B. *Check all that apply*

- Tax-exempt entity (as described in 26 U.S.C. §501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
 See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- Chapter 7
- Chapter 9

Chapter 11. *Check all that apply:*

- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11.** If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- No.
- Yes.

If more than 2 cases, attach a separate list.

District _____	When _____	Case number _____
District _____	When _____	Case number _____

Debtor **American Sleep Medicine LLC**
Name _____

Case number (*if known*) _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?
- No
 Yes.

List all cases. If more than 1, attach a separate list

Debtor **see attached list** _____ Relationship _____
District _____ When _____ Case number, if known _____

11. Why is the case filed in this district?
- Check all that apply:*

- Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
 A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other _____

Where is the property?

Number, Street, City, State & ZIP Code _____

Is the property insured?

No

Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds
- Check one:*

Funds will be available for distribution to unsecured creditors.

After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

1-49
 50-99
 100-199
 200-999

1,000-5,000
 5001-10,000
 10,001-25,000

25,001-50,000
 50,001-100,000
 More than 100,000

15. Estimated Assets

\$0 - \$50,000
 \$50,001 - \$100,000
 \$100,001 - \$500,000
 \$500,001 - \$1 million

\$1,000,001 - \$10 million
 \$10,000,001 - \$50 million
 \$50,000,001 - \$100 million
 \$100,000,001 - \$500 million

\$500,000,001 - \$1 billion
 \$1,000,000,001 - \$10 billion
 \$10,000,000,001 - \$50 billion
 More than \$50 billion

Debtor	American Sleep Medicine LLC	Name	Case number (<i>if known</i>)
<hr/>			
16. Estimated liabilities	<input type="checkbox"/> \$0 - \$50,000		
	<input type="checkbox"/> \$50,001 - \$100,000		
	<input checked="" type="checkbox"/>	\$100,001 - \$500,000	<input type="checkbox"/> \$1,000,001 - \$10 million
	<input type="checkbox"/> \$500,001 - \$1 million		
	<input type="checkbox"/> \$10,000,001 - \$50 million		
	<input type="checkbox"/> \$50,000,001 - \$100 million		
	<input type="checkbox"/> \$100,000,001 - \$500 million		
	<input type="checkbox"/> \$500,000,001 - \$1 billion		
	<input type="checkbox"/> \$1,000,000,001 - \$10 billion		
	<input type="checkbox"/> \$10,000,000,001 - \$50 billion		
	<input type="checkbox"/> More than \$50 billion		

Debtor

American Sleep Medicine LLC

Name

Case number (*if known*)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on September 8, 2021

MM / DD / YYYY

X /s/ JERRY LAUCH

Signature of authorized representative of debtor

JERRY LAUCH

Printed name

Title PRESIDENT

18. Signature of attorney

X /s/ Steven L. Lefkovitz

Signature of attorney for debtor

Date September 8, 2021

MM / DD / YYYY

Steven L. Lefkovitz 5953

Printed name

LEFKOVITZ & LEFKOVITZ

Firm name

**618 CHURCH ST., #410
NASHVILLE, TN 37219**

Number, Street, City, State & ZIP Code

Contact phone 615-256-8300

Email address slefkovitz@lefkovitz.com

5953 TN

Bar number and State

Fill in this information to identify the case:

Debtor name American Sleep Medicine LLC

United States Bankruptcy Court for the: MIDDLE DISTRICT OF TENNESSEE

Case number (if known) _____

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

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An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets–Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule*
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on September 8, 2021

X /s/ JERRY LAUCH

Signature of individual signing on behalf of debtor

JERRY LAUCH

Printed name

PRESIDENT

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **American Sleep Medicine LLC**

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF TENNESSEE**

Case number (if known): _____

Check if this is an
amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Anago Cleaning Systems 7563 Phillips Hwy Bldv 300 Suite 301 Jacksonville, FL 32256						\$3,664.75
AT&T ATTN: BANKRUPTCY DEPT 4331 COMMUNICATIONS DR #4W DALLAS, TX 75211						\$18,753.56
Careerbuilder.com 13047 Collection Center Dr Chicago, IL 60693						\$3,000.00
CNA Insurance PO Box 74007619 Chicago, IL 60674						\$4,027.08
DBL Law 207 Thomas More Pkwy Ft Mitchell, KY 41017						\$6,915.50
Delta Telephone and Cabling Inc 2131 Espey Ct Suite 16 Crofton, MD 21114						\$3,850.00
Dr. Bao 6699 Alvarado Rd. Ste 2306 San Diego, CA 92120						\$3,000.00

Debtor American Sleep Medicine LLC _____ Case number (*if known*) _____

Name _____

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Dr. James Roth 1600 McArthur St Manchester, TN 37355						\$3,000.00
Dr. Mark Miller MD 3922 Clarks Meadow Dr Glenwood, MD 21738						\$5,650.00
Dr. R Dughly 325 Hospital Dr Glen Burnie, MD 21061						\$4,209.04
Dr. Sangjin Oh MDF 1412 Crain Hwy N Ste 6 A Glen Burnie, MD 21061						\$3,975.46
Dr. Syed Nabi MDF 157 Resource Center Pkwy Ste 115A Birmingham, AL 35242						\$4,898.70
Florida Blue 4800 Deerwood Campus Pkwy Corporate Cash Receipts 1-3 Jacksonville, FL 32246						\$43,403.03
Florida Combined Life Dental Dept 1158 Po Box 121158 Dallas, TX 75312						\$4,029.51
Ghods Law Firm 2100 N Broadway St Ste 210 Santa Ana, CA 92706						\$128,083.61
IPFS Corp 24722 Network PI Chicago, IL 60673						\$8,318.07
Metropolitan Pulm & Sleep 290 NE Tudor Rd Lees Summit, MO 64086						\$8,400.00

Debtor American Sleep Medicine LLC _____ Case number (*if known*) _____

Name _____

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Ricoh USA, INC 827577 PO Box 827577 Philadelphia, PA 19182						\$29,458.47
Robert S. Griswold C/o Griswold Real Estate Management, Inc 5703 Oberlin Dr Suite 300 San Diego, CA 92121						\$4,985.25
Salter Labs PO Box 639780 Cincinnati, OH 45263						\$4,696.28

Fill in this information to identify the case:

Debtor name **American Sleep Medicine LLC**

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF TENNESSEE**

Case number (if known) _____

Check if this is an amended filing

**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)

1a. Real property:

Copy line 88 from *Schedule A/B*..... \$ **0.00**

1b. Total personal property:

Copy line 91A from *Schedule A/B*..... \$ **0.00**

1c. Total of all property:

Copy line 92 from *Schedule A/B*..... \$ **0.00**

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **0.00**

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims:

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **0.00**

3b. Total amount of claims of nonpriority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **342,003.62**

4. Total liabilities

Lines 2 + 3a + 3b

\$ **342,003.62**

Fill in this information to identify the case:

Debtor name **American Sleep Medicine LLC**

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF TENNESSEE**

Case number (if known) _____

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
 Yes. Fill in all of the information below.

Fill in this information to identify the case:

Debtor name **American Sleep Medicine LLC**

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF TENNESSEE**

Case number (if known) _____

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- No. Go to Part 2.
 Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

	Amount of claim
3.1 Nonpriority creditor's name and mailing address Date(s) debt was incurred _____ Last 4 digits of account number _____	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.2 Nonpriority creditor's name and mailing address Date(s) debt was incurred _____ Last 4 digits of account number _____	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.3 Nonpriority creditor's name and mailing address Access Voice & Data Sol 1441 Lincoln Ave Louisville, KY 40213 Date(s) debt was incurred _____ Last 4 digits of account number _____	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$802.50</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.4 Nonpriority creditor's name and mailing address Anago Cleaning Systems 7563 Phillips Hwy Blvd 300 Suite 301 Jacksonville, FL 32256 Date(s) debt was incurred _____ Last 4 digits of account number _____	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,664.75</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor	American Sleep Medicine LLC	Case number (if known)
Name _____		
3.5	Nonpriority creditor's name and mailing address AT&T ATTN: BANKRUPTCY DEPT 4331 COMMUNICATIONS DR #4W DALLAS, TX 75211 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$18,753.56
3.6	Nonpriority creditor's name and mailing address AT&T ATTN: BANKRUPTCY DEPT 4331 COMMUNICATIONS DR #4W DALLAS, TX 75211 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$20.00
3.7	Nonpriority creditor's name and mailing address Atlas Alarms LLC c/o Cornerstone Billing PO Box 428 Bedford Park, IL 60499 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$129.90
3.8	Nonpriority creditor's name and mailing address AZJ Cleaning 1408 Ave H Apt 10 South Houston, TX 77587 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$324.00
3.9	Nonpriority creditor's name and mailing address Boxwood Technology PO Box 677248 Dallas, TX 75267 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$2,842.50
3.10	Nonpriority creditor's name and mailing address Brandi Olds 1669 Kirby Pkwy Suite 110 Memphis, TN 38120 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$157.82
3.11	Nonpriority creditor's name and mailing address Bridges for the Deaf 935 Edgehill Ave Nashville, TN 37203 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$280.00

Debtor	American Sleep Medicine LLC	Case number (if known)	
Name			
3.12	Nonpriority creditor's name and mailing address Building Stars PO Box 419161 Saint Louis, MO 63141 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,190.00
3.13	Nonpriority creditor's name and mailing address Careerbuilder.com 13047 Collection Center Dr Chicago, IL 60693 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00
3.14	Nonpriority creditor's name and mailing address Chris Douglas Dickens - The Object 4825 Arroyo Tr Louisville, KY 40229 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$726.00
3.15	Nonpriority creditor's name and mailing address Chris Pritchard 4010 DuPont Cir Ste 122 Louisville, KY 40207 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43.56
3.16	Nonpriority creditor's name and mailing address Cirro Energy Us Retailers LLC PO Box 660004 Dallas, TX 75266 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$660.54
3.17	Nonpriority creditor's name and mailing address City Wide Maintenance Co Inc 15230 West 105th Terrace Lenexa, KS 66219 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$108.21
3.18	Nonpriority creditor's name and mailing address CNA Insurance PO Box 74007619 Chicago, IL 60674 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,027.08

Debtor	American Sleep Medicine LLC	Case number (if known)	
Name			
3.19	Nonpriority creditor's name and mailing address Comcast PO Box 71211 Charlotte, NC 28272 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$390.36
3.20	Nonpriority creditor's name and mailing address Comcast PO Box 3001 Southeastern, PA 19398 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$862.36
3.21	Nonpriority creditor's name and mailing address Comcast PO Box 660618 Dallas, TX 75266 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$670.26
3.22	Nonpriority creditor's name and mailing address Comptroller of MD Revenue Admin Division 110 Carroll St Annapolis, MD 21411 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$76.09
3.23	Nonpriority creditor's name and mailing address Cooks Pest Control PO Box 341898 Memphis, TN 38184 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
3.24	Nonpriority creditor's name and mailing address Cooper Pest Solutions 351 Lawrence Station Rd Lawrence Township, NJ 08648 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.30
3.25	Nonpriority creditor's name and mailing address Crystal Springs PO Box 660579 Dallas, TX 75266 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$413.10

Debtor	American Sleep Medicine LLC	Case number (if known)	
Name _____			
3.26	Nonpriority creditor's name and mailing address Cube Smart 8585 Touchton Rd Jacksonville, FL 32216 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$606.08
3.27	Nonpriority creditor's name and mailing address Cypress Creek Pest Control PO Box 690548 Houston, TX 77269 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$83.55
3.28	Nonpriority creditor's name and mailing address Cyracom LLC PO Box 74008083 Chicago, IL 60674 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$184.26
3.29	Nonpriority creditor's name and mailing address DAL Maintenance LLC Attn: Accts Dept. Po Box 388 Kemah, TX 77565 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,575.00
3.30	Nonpriority creditor's name and mailing address DBL Law 207 Thomas More Pkwy Ft Mitchell, KY 41017 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,915.50
3.31	Nonpriority creditor's name and mailing address Deanna Sides 2985 Old Brownsville Rd Memphis, TN 38134 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.29
3.32	Nonpriority creditor's name and mailing address Delta Telephone and Cabling Inc 2131 Espey Ct Suite 16 Crofton, MD 21114 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,850.00

Debtor	American Sleep Medicine LLC	Case number (if known)	
Name			
3.33	Nonpriority creditor's name and mailing address DL Williams Electric Co Inc 11630 Columbia Park Dr E Jacksonville, FL 32258 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$546.00
3.34	Nonpriority creditor's name and mailing address Dr. Ammar Almasalkhi 18710 Brookeshade Ln Louisville, KY 40245 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
3.35	Nonpriority creditor's name and mailing address Dr. Aneesa Keya 14400 Quietwood Terrace N Gaithersburg, MD 20878 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,194.37
3.36	Nonpriority creditor's name and mailing address Dr. Bao 6699 Alvarado Rd. Ste 2306 San Diego, CA 92120 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00
3.37	Nonpriority creditor's name and mailing address Dr. Bertrand De Silva 4121 Brockton Ave Ste 104 Riverside, CA 92501 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
3.38	Nonpriority creditor's name and mailing address Dr. Giangreco MD 1741 Allerford Dr. Hanover, MD 21076 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$938.47
3.39	Nonpriority creditor's name and mailing address Dr. Houman Dahi 501 Washington Stt Suite 725 San Diego, CA 92103 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,153.20

Debtor	American Sleep Medicine LLC	Case number (if known)	
Name			
3.40	Nonpriority creditor's name and mailing address Dr. Imran Sharief 5114 E Crescent Dr. Anaheim, CA 92807 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
3.41	Nonpriority creditor's name and mailing address Dr. James Roth 1600 McArthur St Manchester, TN 37355 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00
3.42	Nonpriority creditor's name and mailing address Dr. Joshua Aaron MD 6 Angelica Dr Avondale, PA 19311 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,375.00
3.43	Nonpriority creditor's name and mailing address Dr. Kunwar Vohra Attn: Mark Anselment Ascension Ned 250 W 96th St Suite 520 Indianapolis, IN 46260 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
3.44	Nonpriority creditor's name and mailing address Dr. Mahmood Dweik 1412 Caine Hill Ct. League City, TX 77573 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
3.45	Nonpriority creditor's name and mailing address Dr. Mark Miller MD 3922 Clarks Meadow Dr Glenwood, MD 21738 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,650.00
3.46	Nonpriority creditor's name and mailing address Dr. Martha Hagaman 523 Sandpiper Cir Nashville, TN 37221 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,125.00

Debtor	American Sleep Medicine LLC	Case number (if known)	
Name			
3.47	Nonpriority creditor's name and mailing address Dr. Muhammad Zamar PO BOx 2285 Cordova, TN 38088 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
3.48	Nonpriority creditor's name and mailing address Dr. Muhammed Niaz 107 N Bridge St Elkton, MD 21921 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.00
3.49	Nonpriority creditor's name and mailing address Dr. R Dughly 325 Hospital Dr Glen Burnie, MD 21061 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,209.04
3.50	Nonpriority creditor's name and mailing address Dr. Richard Hoffman 8101 Hinson Farm Rd. Ste 306 Alexandria, VA 22306 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,750.00
3.51	Nonpriority creditor's name and mailing address Dr. Richard Parcinski 4200 N Cloverleaf Dr Ste G Saint Peters, MO 63376 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
3.52	Nonpriority creditor's name and mailing address Dr. Salah Bagnoli 3599 University Blvd S Ste 901 Jacksonville, FL 32216 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,588.50
3.53	Nonpriority creditor's name and mailing address Dr. Sangjin Oh MDF 1412 Crain Hwy N Ste 6 A Glen Burnie, MD 21061 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,975.46

Debtor	American Sleep Medicine LLC	Case number (if known)	
Name			
3.54	Nonpriority creditor's name and mailing address Dr. Sorresso 200 Blue Indigo Ct Ponte Vedra Beach, FL 32082 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
3.55	Nonpriority creditor's name and mailing address Dr. Strahil Atanasov 2814 Creek Bend Dr Friendswood, TX 77546 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
3.56	Nonpriority creditor's name and mailing address Dr. Syed Nabi MDF 157 Resource Center Pkwy Ste 115A Birmingham, AL 35242 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,898.70
3.57	Nonpriority creditor's name and mailing address Dr. Toenjes Attn: Erin Doty 1890 Linehouse St Ponte Vedra Beach, FL 32082 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
3.58	Nonpriority creditor's name and mailing address Dr. Wojciech Ornowski 16105 La Salle St South Holland, IL 60473 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
3.59	Nonpriority creditor's name and mailing address Eco-Pest Inc 814 Bay Star Blvd Webster, TX 77598 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$79.02
3.60	Nonpriority creditor's name and mailing address Ecolab Inc 26252 Network PI Chicago, IL 60673 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$154.26

Debtor	American Sleep Medicine LLC	Case number (if known)	
Name			
3.61	Nonpriority creditor's name and mailing address FedEx PO Box 660481 Dallas, TX 75266 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,602.01
3.62	Nonpriority creditor's name and mailing address Fein, Such, Kahn & Shepherd 7 Century Dr. Suite 201 Parsippany, NJ 07054 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.50
3.63	Nonpriority creditor's name and mailing address Florida Blue 4800 Deerwood Campus Pkwy Corporate Cash Receipts 1-3 Jacksonville, FL 32246 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43,403.03
3.64	Nonpriority creditor's name and mailing address Florida Combined Life Dental Dept 1158 Po Box 121158 Dallas, TX 75312 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,029.51
3.65	Nonpriority creditor's name and mailing address GFL Environmental 3301 Benson Dr. Ste 601 Raleigh, NC 27609 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$420.73
3.66	Nonpriority creditor's name and mailing address Ghods Law Firm 2100 N Broadway St Ste 210 Santa Ana, CA 92706 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$128,083.61
3.67	Nonpriority creditor's name and mailing address Henry Schein Inc PO Box 371952 Pittsburgh, PA 15250 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$309.02

Debtor	American Sleep Medicine LLC	Case number (if known)	
Name			
3.68	Nonpriority creditor's name and mailing address Hiller Companies PO Box 935434 Atlanta, GA 31193 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99.00
3.69	Nonpriority creditor's name and mailing address Home Medical Products Inc. 232 State St Jackson, TN 38301 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$203.00
3.70	Nonpriority creditor's name and mailing address I Dream of Cleaning Shannon T Brown 2258 Cardinal Dr. San Diego, CA 92123 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,300.00
3.71	Nonpriority creditor's name and mailing address IPFS Corp 24722 Network PI Chicago, IL 60673 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,318.07
3.72	Nonpriority creditor's name and mailing address Kentuckiana Pulmonary Dept 52937 PO Box 950154 Louisville, KY 40295 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,650.00
3.73	Nonpriority creditor's name and mailing address Metropolitan Pulm & Sleep 290 NE Tudor Rd Lees Summit, MO 64086 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,400.00
3.74	Nonpriority creditor's name and mailing address Resmed Lockbox 534593 Atlanta, GA 30353 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$988.20

Debtor	American Sleep Medicine LLC	Case number (if known)
Name		
3.75	Nonpriority creditor's name and mailing address Respironics PO Box 405740 Atlanta, GA 30384	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.76	Nonpriority creditor's name and mailing address Ricoh USA 41602 PO Box 41602 Philadelphia, PA 19101	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.77	Nonpriority creditor's name and mailing address Ricoh USA, INC 827577 PO Box 827577 Philadelphia, PA 19182	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.78	Nonpriority creditor's name and mailing address RJ Young PO Box 415000 Nashville, TN 37241	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.79	Nonpriority creditor's name and mailing address Robert S. Griswold C/o Griswold Real Estate Management, Inc 5703 Oberlin Dr Suite 300 San Diego, CA 92121	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.80	Nonpriority creditor's name and mailing address Safetouch Jacksonville Division 9550 Sunbeam Center Drive Jacksonville, FL 32257	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.81	Nonpriority creditor's name and mailing address Salter Labs PO Box 639780 Cincinnati, OH 45263	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor **American Sleep Medicine LLC**

Name _____

Case number (if known) _____

3.82	Nonpriority creditor's name and mailing address San Diego Police Department Police Permit & Licensing - M5735 PO Box 121431 San Diego, CA 92112	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$600.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.83	Nonpriority creditor's name and mailing address SBS Svcs Group Stratus Building So c/o Stratus Building Solutions PO Box 208299 Dallas, TX 75320	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,918.58
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	AT&T PO BOX 5019 Carol Stream, IL 60197	Line <u>3.5</u>	—
		<input type="checkbox"/> Not listed. Explain _____	
4.2	AT&T PO Box 5025 Carol Stream, IL 60197	Line <u>3.6</u>	—
		<input type="checkbox"/> Not listed. Explain _____	

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1
5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts		
5a.	\$	0.00
5b.	+	342,003.62
5c.	\$	342,003.62

Due to matters pending in state court, the creditor list is incomplete and will be supplemented shortly.

Fill in this information to identify the case:

Debtor name **American Sleep Medicine LLC**

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF TENNESSEE**

Case number (if known) _____

Check if this is an amended filing

Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 **see attached sheet**

D _____
 E/F _____
 G _____

SLEEP MEDICINE RELATED CASES

Date 9/8/2021

Filed MIDDLE DISTRICT OF TN

Client Name

American Sleep Medicine LLC

11
Corp

Case Number :

American Sleep Products

11
Corp

Case Number :

Duncan Operating Company, LLC

11
Corp

Case Number :

Indianapolis Operating Company

11
Corp

Case Number :

Jacksonville Operating Company

11
Corp

Case Number :

KSK Enterprises, LLC

11
Corp

Case Number :

Louisville Sleep Disorder Center, LLC

11
Corp

Case Number :

Maryland Sleep Medicine, LLC

11
Corp

Case Number :

MD SLEEP MED, LLC

11
Corp

Case Number :

MidSouth Sleep Disorder Center, Inc.

11
Corp

Case Number :

Nashville Sleep Medicine, LLC

11
Corp

Case Number :

Newark Operating Company, LLC

11
Corp

Case Number :

Northern Virginia Operating Company, LLC

11
Corp

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Client Name	Chap	Date	9/8/2021
Sleep Medicine, LLC	Type	Filed	Middle District of TN
	11		
	Corp		
Case Number :			

St. Louis Operating Company, LLC	11
	Corp
Case Number :	

United States Bankruptcy Court
Middle District of Tennessee

In re American Sleep Medicine LLC

Debtor(s)

Case No.

Chapter

11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$ <u>15,000.00</u>
Prior to the filing of this statement I have received	\$ <u>15,000.00</u>
Balance Due	\$ <u>0.00</u>

2. The source of the compensation paid to me was:

Debtor Other (specify):

3. The source of compensation to be paid to me is:

Debtor Other (specify):

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, preparation and filing of reaffirmation agreements and applications as needed, relief from stay actions, motions to redeem property, representation in any loan modification process, substitution of collateral, filing motions to approve professionals, motions to approve sale of property, motions to authorize retention of special counsel, conversion to another bankruptcy chapter, representation in any other Court or legal matter, or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

September 8, 2021

Date

/s/ Steven L. Lefkovitz

Steven L. Lefkovitz 5953

Signature of Attorney

LEFKOVITZ & LEFKOVITZ

618 CHURCH ST., #410

NASHVILLE, TN 37219

615-256-8300 Fax: 615-255-4516

slefkovitz@lefkovitz.com

Name of law firm

Steven L. Lefkovitz took a 10,000.00 retainer in defending the state court receiver action against this debtor and then charged an additional 15,000.00 to represent it in a bankruptcy proceedings. The \$10,000.00 retainer was exhausted prior to filing, and Steven L. Lefkovitz waived any excess fee in order to be able to file this case.

United States Bankruptcy Court
Middle District of Tennessee

In re American Sleep Medicine LLC

Debtor(s)

Case No.

Chapter

11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
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-NONE-

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **PRESIDENT** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date September 8, 2021

Signature /s/ JERRY LAUCH
JERRY LAUCH

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

AMERICAN SLEEP MEDICINE LLC
7900 BELFORT PARKWAY, SUITE 301
JACKSONVILLE FL 32256

BRANDI OLDS
1669 KIRBY PKWY SUITE 110
MEMPHIS TN 38120

COMCAST
PO BOX 3001
SOUTHEASTERN PA 19398

STEVEN L. LEFKOVITZ
LEFKOVITZ & LEFKOVITZ
618 CHURCH ST., #410
NASHVILLE, TN 37219

BRIDGES FOR THE DEAF
935 EDGEHILL AVE
NASHVILLE TN 37203

COMCAST
PO BOX 660618
DALLAS TX 75266

ACCESS VOICE & DATA SOL
1441 LINCOLN AVE
LOUISVILLE KY 40213

BUILDING STARS
PO BOX 419161
SAINT LOUIS MO 63141

COMPTROLLER OF MD
REVENUE ADMIN DIVISION
110 CARROLL ST
ANNAPOLIS MD 21411

ANAGO CLEANING SYSTEMS
7563 PHILLIPS HWY BLDV 300
SUITE 301
JACKSONVILLE FL 32256

CAREERBUILDER.COM
13047 COLLECTION CENTER DR
CHICAGO IL 60693

COOKS PEST CONTROL
PO BOX 341898
MEMPHIS TN 38184

AT&T
ATTN: BANKRUPTCY DEPT
4331 COMMUNICATIONS DR #4W
DALLAS TX 75211

CHRIS DOUGLAS DICKENS - THE OBJECT
4825 ARROYO TR
LOUISVILLE KY 40229

COOPER PEST SOLUTIONS
351 LAWRENCE STATION RD
LAWRENCE TOWNSHIP NJ 08648

AT&T
PO BOX 5019
CAROL STREAM IL 60197

CHRIS PRITCHARD
4010 DUPONT CIR STE 122
LOUISVILLE KY 40207

CRYSTAL SPRINGS
PO BOX 660579
DALLAS TX 75266

AT&T
PO BOX 5025
CAROL STREAM IL 60197

CIRRO ENERGY
US RETAILERS LLC
PO BOX 660004
DALLAS TX 75266

CUBE SMART
8585 TOUCHTON RD
JACKSONVILLE FL 32216

ATLAS ALARMS LLC
C/O CORNERSTONE BILLING
PO BOX 428
BEDFORD PARK IL 60499

CITY WIDE MAINTENANCE CO INC
15230 WEST 105TH TERRACE
LENEXA KS 66219

CYPRESS CREEK PEST CONTROL
PO BOX 690548
HOUSTON TX 77269

AZJ CLEANING
1408 AVE H APT 10
SOUTH HOUSTON TX 77587

CNA INSURANCE
PO BOX 74007619
CHICAGO IL 60674

CYRACOM LLC
PO BOX 74008083
CHICAGO IL 60674

BOXWOOD TECHNOLOGY
PO BOX 677248
DALLAS TX 75267

COMCAST
PO BOX 71211
CHARLOTTE NC 28272

DAL MAINTENANCE LLC
ATTN: ACCTS DEPT.
PO BOX 388
KEMAH TX 77565

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FT MITCHELL KY 41017

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1600 MCARTHUR ST
MANCHESTER TN 37355

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SAINT PETERS MO 63376

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2131 ESPEY CT SUITE 16
CROFTON MD 21114

6 ANGELICA DR
AVONDALE PA 19311

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ATTN: MARK ANSELMENT ASCENSION MED2 CRAIN HWY N STE 6 A
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GLEN BURNIE MD 21061

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LEAGUE CITY TX 77573

DR. SORRESCO
200 BLUE INDIGO CT
PONTE VEDRA BEACH FL 32082

DR. ANEESA KEYA
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GAIITHERSBURG MD 20878

DR. MARK MILLER MD
3922 CLARKS MEADOW DR
GLENWOOD MD 21738

DR. STRAHIL ATANASOV
2814 CREEK BEND DR
FRIENDSWOOD TX 77546

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1890 LINEHOUSE ST
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DR. GIANGRECO MD
1741 ALLERFORD DR.
HANOVER MD 21076

DR. MUHAMMED NIAZ
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ELKTON MD 21921

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SAN DIEGO CA 92103

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ECO-PEST INC
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WEBSTER TX 77598

ECOLAB INC
26252 NETWORK PL
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I DREAM OF CLEANING
SHANNON T BROWN
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SAFETOUCH
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IPFS CORP
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PARSIPPANY NJ 07054

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SAN DIEGO POLICE DEPARTMENT
POLICE PERMIT & LICENSING - M
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SAN DIEGO CA 92112

FLORIDA BLUE
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JACKSONVILLE FL 32246

METROPOLITAN PULM & SLEEP
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LEES SUMMIT MO 64086

SBS SVCS GROUP STRATUS BUS
C/O STRATUS BUILDING SOLUTION
PO BOX 208299
DALLAS TX 75320

FLORIDA COMBINED LIFE DENTAL
DEPT 1158
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DALLAS TX 75312

RESMED
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ATLANTA GA 30353

SEE ATTACHED SHEET

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RALEIGH NC 27609

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ATLANTA GA 30384

GHODS LAW FIRM
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STE 210
SANTA ANA CA 92706

RICOH USA 41602
PO BOX 41602
PHILADELPHIA PA 19101

HENRY SCHEIN INC
PO BOX 371952
PITTSBURGH PA 15250

RICOH USA, INC 827577
PO BOX 827577
PHILADELPHIA PA 19182

HILLER COMPANIES
PO BOX 935434
ATLANTA GA 31193

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HOME MEDICAL PRODUCTS INC.
232 STATE ST
JACKSON TN 38301

ROBERT S. GRISWOLD
C/O GRISWOLD REAL ESTATE MANAGEMENT, INC
5703 OBERLIN DR SUITE 300
SAN DIEGO CA 92121

**United States Bankruptcy Court
Middle District of Tennessee**

In re **American Sleep Medicine LLC**

Debtor(s)

Case No.
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11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for American Sleep Medicine LLC in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

- None [Check if applicable]

September 8, 2021

Date

/s/ Steven L. Lefkovitz

Steven L. Lefkovitz 5953

Signature of Attorney or Litigant

Counsel for American Sleep Medicine LLC

LEFKOVITZ & LEFKOVITZ

618 CHURCH ST., #410

NASHVILLE, TN 37219

615-256-8300 Fax:615-255-4516

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